

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584869

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	0			1		
5	0			1		
6	0			1		
7	0			1		
8	0			1		
9	0			1		
10	0			1		
11				1		
12				1		
13				1		
14				1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	10	←	19	←	20	←
TOTAL CLAIMS	11		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.			↓		↓	
TOTAL CLAIMS			←		←	←